



1. VA FILE NO(S). (Include prefix)

**APPOINTMENT OF ATTORNEY OR AGENT AS CLAIMANT'S REPRESENTATIVE**

**PRIVACY ACT NOTICE AND PAPERWORK REDUCTION ACT NOTICE:** The information requested on this form is solicited under Sections 5903 and 5904, Title 38, United States Code. It will provide necessary written authority for the designated individual to act as the claimant's attorney or agent for the preparation, presentation, and prosecution of a claim for VA benefits. Submission is voluntary but substitution of a power of attorney in different form would require individual legal determination as to sufficiency with resultant delay. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. These possible "routine use" disclosures include disclosures without your prior written consent for such purposes as civil or criminal law enforcement, administration of programs, and benefits delivery activity.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0018), Washington, DC 20503. Please do not send applications for benefits to these addresses.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

5. SERVICE NO(S).

6. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify)

7. NAME OF PERSON DESIGNATED AS (Check appropriate box)

8. ADDRESS OF PERSON DESIGNATED AS ATTORNEY OR AGENT (No. and street or rural route, city or P.O., State and ZIP Code)

☐ ATTORNEY ☐ AGENT**9. AUTHORIZATION FOR ACCESS TO DRUG, ALCOHOL, HUMAN IMMUNODEFICIENCY VIRUS (HIV), OR SICKLE CELL ANEMIA MEDICAL RECORDS OR INFORMATION PROTECTED BY SECTION 7332, TITLE 38, U.S.C.**

By my signature in item 13 below, I also do ☐ do not ☐ hereby authorize access to information or records relating to the diagnosis, treatment or other therapy for the condition(s) of drug abuse, alcoholism or alcohol abuse, infection with the Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia, that may be contained or maintained in VA claimant records pertaining to me, by the individual named as my agent or attorney on this appointment form. Redislosure of the aforementioned information or records by such agent or attorney other than to VA; the service organization involved, for claims purposes; or the Court of Veterans Appeals is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following two events: (1) I specifically revoke this authorization by the filing of a written revocation which will be effective except to the extent that action has been taken in reliance upon the authorization, or, (2) Disclosure of the aforementioned information or records is no longer necessary for benefits determination purposes.

**10. LIMITATION OF CONSENT.** My consent in item 9 for the disclosure of information or records relating to the condition of drug abuse, alcoholism or alcohol abuse, infection with the Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia, that are contained or maintained in VA claimant records pertaining to me, is limited as follows:

**11. FEES:** Sections 1984 and 5904, Title 38, United States Code, contain provisions regarding fees charged, allowed or paid for services of agents and attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.

**12. CONDITIONS OF APPOINTMENT:** I, the above-named claimant in item 2, hereby appoint the above-named person, shown in Item 7, as my representative to present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the above-named veteran. I authorize the Department of Veterans Affairs to release any and all of my records and/or files (other than as provided in items 9 and 10 above) to the attorney or agent named herein as my representative.  
Executed and accepted subject to the foregoing conditions.

13. SIGNATURE OF CLAIMANT

14. DATE OF SIGNATURE

15. RELATIONSHIP (If other than veteran)

16. SIGNATURE OF PERSON DESIGNATED AS ATTORNEY OR AGENT

17. DATE OF SIGNATURE OF PERSON DESIGNATED AS ATTORNEY OR AGENT